

2013 MICHIGAN Composite Individual Income Tax Return

Issued under authority of Public Act 281 of 1967.

This return is due April 15, 2014. Type or print clearly in blue or black ink.

Return is for calendar year 2013 or for tax year beginning: (MM-DD-YYYY) and ending: (MM-DD-2013) - 2013

Filers whose tax year ends in 2013 should use this form. Do not use this form if your tax year ends in a year other than 2013.

1. Name of Partnership, S Corporation or Other Flow-Through Entity		2. Federal Employer Identification No. (FEIN)	
3. Mailing Address (Number, Street or P.O. Box)			
4. City or Town		State	ZIP Code

NOTE: Pages 1 - 4 of the U.S. Forms 1065 or 1120S, Form MI-1040H and a completed schedule(s) of participants and nonparticipants must be attached to this return. See instructions.

5. Ordinary income (loss) from U.S. Form 1065, line 22, or U.S. Form 1120S, line 21	▶	5.	00
6. Additions from line 33, page 2	▶	6.	00
7. Subtotal. Add lines 5 and 6	▶	7.	00
8. Subtractions from line 36, page 2	▶	8.	00
9. Total income subject to apportionment. Subtract line 8 from line 7	▶	9.	00
10. Apportionment percentage from MI-1040H (see instructions.)	▶	10.	%
11. Total Michigan apportioned income. Multiply line 9 by the percentage on line 10	▶	11.	00
12. Michigan allocated income or (loss) from line 41, page 2	▶	12.	00
13. Total Michigan income. Add lines 11 and 12	▶	13.	00
14. Michigan income attributable to Michigan residents (see instructions for Schedule C)	▶	14.	00
15. Michigan income attributable to nonparticipating members (see instructions for Schedule B)	▶	15.	00
16. Michigan income attributable to participants (see instructions for Schedule A)	▶	16.	00
17. Exemption allowance from line 47, page 2	▶	17.	00
18. SEP, SIMPLE or qualified plan deductions from line 50, page 2	▶	18.	00
19. Add lines 17 and 18	▶	19.	00
20. Taxable income. Subtract line 19 from line 16	▶	20.	00
21. Tax due. Multiply line 20 by 4.25% (0.0425)	▶	21.	00
22. Michigan extension payments	▶	22.	00
23. Withholding tax payments attributable to participants from Schedule A, Column 3	▶	23.	00
24. If line 22 plus line 23 is less than line 21, enter TAX DUE. Include interest _____ and penalty _____, if applicable	▶	24.	00
25. If line 22 plus line 23 is more than line 21, enter REFUND	▶	25.	00

TAXPAYER CERTIFICATION. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge. I have obtained the required Power of Attorney from each of the members of this composite return and my firm will resolve the issue of any tax liability.		PREPARER CERTIFICATION. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.	
Filer's Signature	Date	Preparer's Name, Address, PTIN and/or FEIN	
<input type="checkbox"/> By checking this box, I authorize Treasury to discuss my return with my preparer.			

Mailing: Make check payable to **"State of Michigan."** Write the firm's **FEIN**, **"Composite Return"** and **tax year** on the check.

Pay. Mail your check and return to:
Michigan Department of Treasury
P.O. Box 30207
Lansing, MI 48909

Refund or zero return. Mail your return to:
Michigan Department of Treasury
P.O. Box 30058
Lansing, MI 48909

Continued on Page 2.

Name of Partnership, S Corporation or Other Flow Through Entity	Federal Employer Identification No.
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ADDITIONS (see instructions)

26. Net income (loss) from rental real estate activities.....	26.		00
27. Net income (loss) from other rental activities	27.		00
28. Portfolio Income (loss) (see instructions):			
a. Interest income	28a.		00
b. Dividend income	28b.		00
c. Royalty income	28c.		00
d. Net short-term capital gain (loss) (from U.S. <i>Schedule K</i>).....	28d.		00
e. Net long-term capital gain (loss) (from U.S. <i>Schedule K</i>).....	28e.		00
f. Other portfolio income	28f.		00
29. Net gain (loss) under Section 1231	29.		00
30. Other income from U.S. <i>Schedule K</i>	30.		00
31. State or local taxes measured by income.....	31.		00
32. Other miscellaneous additions (attach schedule).....	32.		00
33. Total additions. Add lines 26 through 32. Enter here and on line 6	33.		00

SUBTRACTIONS (see instructions)

34. Income (loss) from other partnerships, S corp. and fiduciaries	34.		00
35. Other miscellaneous subtractions (attach schedule).....	35.		00
36. Total subtractions. Add lines 34 and 35. Enter here and on line 8	36.		00

MICHIGAN ALLOCATED INCOME OR (LOSS)

37. Guaranteed payments to participants for services performed in Michigan.....	37.		00
38. Income attributable to other Michigan partnerships, S corporations or fiduciaries	38.		00
39. Net Michigan capital gains (losses) not subject to apportionment (from U.S. <i>Schedule D</i>)	39.		00
40. Other Michigan allocated income (loss) (see instructions).....	40.		00
41. Total Michigan allocated income (loss). Add lines 37 through 40. Enter here and on line 12	41.		00

EXEMPTION ALLOWANCE

42. Total Michigan income from line 13	42.		00
43. Total Income from Total Income Worksheet, page 7	43.		00
44. Percent of income attributable to Michigan. Divide line 42 by line 43 (must be between 0 and 100%).....	44.		%
45. Prorated exemption allowance per participant. Multiply line 44 by \$3,950 (exemption allowance).....	45.		00
46. Number of participants included in this return	46.		
47. Total prorated exemption (see instructions).....	47.		00

SEP, SIMPLE OR QUALIFIED PLAN DEDUCTIONS (PARTNERS ONLY)

48. SEP, SIMPLE or qualified plan deductions for participants (attach schedule).....	48.		00
49. Percent of income attributable to Michigan from line 44.....	49.		%
50. SEP, SIMPLE or qualified plan deductions attributable to Michigan. Multiply line 48 by the percentage on line 49. Enter here and on line 18	50.		00

Name of Partnership, S Corporation or Other Flow Through Entity	Federal Employer Identification No.
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SCHEDULE A: SCHEDULE OF PARTICIPANTS

	Column 1: Distributive Share of Michigan Income	Column 2: Distributive Share of Michigan Tax	Column 3: Withholding Paid on Behalf of the Participant *	
Recipient FEIN/SSN			3a: Payer FEIN	3b: Withholding
Recipient Name and Address				
Recipient FEIN/SSN			3a: Payer FEIN	3b: Withholding
Recipient Name and Address				
Recipient FEIN/SSN			3a: Payer FEIN	3b: Withholding
Recipient Name and Address				
Recipient FEIN/SSN			3a: Payer FEIN	3b: Withholding
Recipient Name and Address				
Recipient FEIN/SSN			3a: Payer FEIN	3b: Withholding
Recipient Name and Address				
<input type="checkbox"/> Check here if additional page(s) used. Enter totals from additional page(s), if applicable.				
Total columns 1, 2 and 3b. Carry total from Column 1 to line 16, and Column 3b to line 23, on your Composite return				

* Do not include withholding claimed as a credit on any other *Michigan Composite Individual Income Tax Return (807)*, *Individual Income Tax Return (MI-1040)*, or *Fiduciary Income Tax Return (MI-1041)*, nor refunded on a *Michigan Annual Flow-Through Withholding Reconciliation Return (Form 4918)*.

Name of Partnership, S Corporation or Other Flow Through Entity	Federal Employer Identification No.
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SCHEDULE B: SCHEDULE OF NONPARTICIPANTS

	Column 1: Distributive Share of Michigan Income *	Column 2: Withholding Paid on Behalf of the Nonparticipant **	
Recipient FEIN/SSN		2a: Payer FEIN	2b: Withholding
Recipient Name and Address			
Recipient FEIN/SSN		2a: Payer FEIN	2b: Withholding
Recipient Name and Address			
Recipient FEIN/SSN		2a: Payer FEIN	2b: Withholding
Recipient Name and Address			
Recipient FEIN/SSN		2a: Payer FEIN	2b: Withholding
Recipient Name and Address			
Recipient FEIN/SSN		2a: Payer FEIN	2b: Withholding
Recipient Name and Address			
Recipient FEIN/SSN		2a: Payer FEIN	2b: Withholding
Recipient Name and Address			
<input type="checkbox"/> Check here if additional page(s) used. Enter totals from additional page(s), if applicable.			
Total columns 1 and 2b. Carry total from Column 1 to line 15 on your Composite return.			

* The income of C corporation members reported here is not the amount used to compute CIT liability and is for reconciliation purposes of this return only.

** Do not include withholding refunded on a *Michigan Annual Flow-Through Withholding Reconciliation Return* (Form 4918).

Name of Partnership, S Corporation or Other Flow Through Entity	Federal Employer Identification No.
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SCHEDULE C: SCHEDULE OF MICHIGAN RESIDENTS

	Column 1: Distributive Share of Michigan Income	Column 2: Withholding Paid on Behalf of the Resident*	
Recipient FEIN/SSN		2a: Payer FEIN	2b: Withholding
Recipient Name and Address			
Recipient FEIN/SSN		2a: Payer FEIN	2b: Withholding
Recipient Name and Address			
Recipient FEIN/SSN		2a: Payer FEIN	2b: Withholding
Recipient Name and Address			
Recipient FEIN/SSN		2a: Payer FEIN	2b: Withholding
Recipient Name and Address			
Recipient FEIN/SSN		2a: Payer FEIN	2b: Withholding
Recipient Name and Address			
Recipient FEIN/SSN		2a: Payer FEIN	2b: Withholding
Recipient Name and Address			
<input type="checkbox"/> Check here if additional page(s) used. Enter totals from additional page(s), if applicable.			
Total columns 1 and 2b. Carry total from Column 1 to line 14 on your Composite return			

* Do not include withholding refunded on a *Michigan Annual Flow-Through Withholding Reconciliation Return (Form 4918)*.

Instructions for Form 807, Michigan Composite Individual Income Tax Return

Filing a Return

This form is used to report and pay individual income tax under Part 1 of Public Act 281 of 1967, as amended. It is a collective individual income tax filing of the members participating, is filed by a flow-through entity (FTE) on behalf of those members, and is not the filing of an entity-level tax on an FTE. An FTE is defined as an S corporation, a general partnership, a limited partnership, a limited liability partnership, or a limited liability company that is not taxed as a C corporation for federal income tax purposes.

An FTE is not *required* to file a *Composite Individual Income Tax Return* (Form 807). The members of an FTE may *elect* to have the FTE file a composite return in lieu of the members filing *Individual Income Tax Returns* (Form MI-1040). An FTE that does business in Michigan and that is filing on behalf of two or more nonresident individual or trust partners, shareholders, or members may file this return. An FTE in a tiered structure may also be eligible to file a composite return (see below). An FTE may not file on behalf of a member that is a C corporation or a member that files federally as C corporation.

The individual income tax filing obligation of a member is satisfied when the member participates in a composite filing so long as the member has no other Michigan-sourced income.

The filing entity and participating members must agree to comply with the participation and reporting to member requirements as described in these instructions.

Tiered Entities

An FTE entity is in a tiered structure if it has one or more members that are other FTEs. A tiered structure consists of a source FTE and one or more intermediate FTEs. In this arrangement, the intermediate FTE receives income from the source FTE and the income is passed through to the intermediate FTE's members. When a source FTE files a composite return on behalf of its nonresident individual and trust members, an intermediate FTE may elect to participate in the composite filing. An intermediate FTE may participate only to the extent that the ultimate members in its tiered structure are nonresident individuals or trusts.

Participation Requirements

The composite return is an individual income tax return and should be filed only on behalf of nonresident members subject to the individual income tax.

A member may **not** participate in this composite return in any of the following cases:

- If member was a Michigan resident (full-year or part-year).
- If member wishes to claim more than one Michigan exemption.
- If member is a C corporation or has elected to file federally as a C corporation.
- If member is an intermediate FTE and filer cannot identify the name, address, account number, distributive share of

Michigan income and withholding paid on behalf of the ultimate member(s) of the intermediate FTE. An intermediate FTE member may not participate on behalf of an ultimate member that is a Michigan resident, a C corporation, or an entity that has elected to file federally as a C corporation.

A composite return cannot be filed if less than two members elect to participate in the composite filing.

Due Date of Return

The 2013 composite return is for filers whose tax year ends in 2013. If your tax year does not end in 2013, do not use this form. Use the appropriate year that corresponds to the year the ultimate owner will include the income in their federal individual income tax filing.

The composite return for any tax period ending in 2013 is due April 15, 2014. The return for any period ending in 2014 will be due April 15, 2015.

If the firm cannot file by the due date, a request for an extension can be filed before the original due date. See "Requesting an Extension" on this page.

Withholding Tax Payments

FTEs are required to make withholding tax payments on behalf of all nonresident individual members (both participating and nonparticipating).

There are separate requirements to withhold on members that are corporations and other FTEs entities. For more information on these requirements, see the instructions in the

Flow-Through Withholding Reconciliation Booklet (Form 5014) or visit www.michigan.gov/taxes.

FTEs that are on a calendar year basis must withhold and file quarterly by April 15, July 15, October 15, and January 15. FTEs that are not on a calendar year must withhold and file quarterly returns on the appropriate due dates that, in the FTE's fiscal year, correspond to the calendar year. Fiscal year filer due dates apply regardless of the tax years of the members.

The *Michigan Annual Flow-Through Reconciliation Return* (Form 4918) must be filed before any Michigan withholding can be claimed.

Reporting to Members

An FTE filing Form 807 must report to each nonresident member that participates in the composite filing the following information:

- FEIN of the FTE
- Tax year of the FTE
- That member's distributive share of business income of the FTE that has been allocated or apportioned to Michigan. This will be the amount from *Schedule A, Schedule of Participants*, Column 1.
- That member's share of tax liability on the composite return filed by the FTE (**not the amount withheld for the member**). The amount reported to a participant should be

the amount *Schedule A, Schedule of Participants*, Column 2.

- The FTE's sales that have been sourced to Michigan, and the FTE's total sales everywhere.
- That member's personal exemption already taken as part of line 47 of the composite return. This amount will come from the member's share of line 47 of the composite return.

The FTE may use any method to report the necessary information to its members so long as it conveys the information listed above. Treasury recommends that the FTE provide the information to its members as a supplemental attachment to the federal Schedule K-1, with instructions that the participant of the composite filing has already paid its share of tax on this FTE's distributive Michigan income by participating in the composite filing. For Michigan filings, the participant will generally only need to use the information reported if the participant has other sources of Michigan income and is required to file Form MI-1040.

For more information on reporting requirements to Nonparticipants, please see Form 5014 or visit www.michigan.gov/taxes.

Requesting an Extension

The filer may request an extension of time to file by sending payment of the estimated annual liability not satisfied by withholding payments to Treasury with a copy of the *Application for Extension of Time to File Michigan Tax Returns* (Form 4). A separate Michigan extension must be filed even if the company files a federal extension. **An extension of time to file is NOT an extension of time to pay.**

When completing the extension form, check "Fiduciary Tax (includes Composite Filers)" in box 1, and use the company's name and Federal Employer Identification Number (FEIN) to ensure the payment is properly credited to the account.

When the composite return is filed, attach a copy of the extension application.

Amended Returns

To amend a current or prior year annual return, complete the Form 807 that is applicable for that year and write the word "AMENDED" across the top of the form. Include a statement to explain the reason(s) for change. Include all schedules filed with the original return even if not amending that schedule. Enter the figures on the amended return as they should be. Do not include a copy of the original return with your amended return.

Signing Return/Correspondence

By signing Form 807, the signing partner or officer declares that the filer has power of attorney from each participant to file a composite return on his or her behalf. Treasury will mail

Total Income Worksheet

Column A refers to Distributive Income categories from Schedule K form(s). Columns B and C refer to lines on the U.S. Form 1065 *Schedule K* and U.S. Form 1120S *Schedule K*. Column D is the list of amounts that are added to arrive at total income that is reported on Form 807, line 43.

A Distributive Income Categories	B U.S. Form 1065 <i>Schedule K</i>	C U.S. Form 1120S <i>Schedule K</i>	D Distributive Income Amounts
Ordinary income (loss) from trade or business activity	1	1	
Net income (loss) from rental real estate activity	2	2	
Net income (loss) from other rental activity	3c	3c	
Portfolio income (loss):			
Interest income	5	4	
Dividend income	6a	5a	
Royalty income	7	6	
Net short-term capital gain (loss)	8	7	
Net long-term capital gain (loss)	9a	8a	
Guaranteed payments	4		
Net gain (loss) under section 1231	10	9	
Other income (loss)	11	10	
TOTAL INCOME Add all amounts in Column D and carry total to Form 807, line 45.			

refund checks, assessments and all correspondence to the filing company at the address indicated on the return. The filing company must agree to be responsible for the payment of any additional tax, interest and penalties as finally determined. Issues involving the tax liability reported on a composite return will be resolved with the filing company. In unusual circumstances, Treasury may contact the participants.

Attachments

Attach the following items to the composite return:

- A copy of the U.S. Form 1065 (5 pages) or U.S. Form 1120S (4 pages).
- A *Michigan Schedule of Apportionment* (Form MI-1040H).
- Completed *Schedule A, Schedule of Participants* and sub-schedules for participants that are other FTEs.
- Completed *Schedule B, Schedule of Nonparticipants*.
- Completed *Schedule C, Schedule of Michigan Resident Members*.
- A statement signed by an authorized officer or general partner certifying that each participant has been informed of the terms and conditions of this program.
- A copy of Form 4, if applicable.

Schedules

Schedule A, Schedule of Participants:

Complete this schedule for participating nonresident members. Do not enter withholding that has been claimed on any other Michigan composite return or that has been refunded on an *Annual Flow-Through Withholding Reconciliation Return* (Form 4918).

For each participating intermediate FTE included on Schedule A, attach a separate sub-schedule identifying the members of

that intermediate FTE whose distributive shares are included on Schedule A. Each intermediate FTE sub-schedule must include:

- The intermediate FTE's name and FEIN.
- The intermediate FTE's members (nonresident individuals and trusts) name, address, account number, distributive share of Michigan income, and share of withholding.

If the FTE filing this return does not know the above information down to the ultimate members of an intermediate FTE participant, then that intermediate FTE member may not participate in this composite filing.

Use additional copies of Schedule A as needed. Subtotal each schedule and include a grand total of columns 1, 2, and 3b on the first page of the schedule. Carry the grand total of column 1 to Line 16. Column 2 should reconcile to line 21. Carry the grand total of line 3b to line 23.

Schedule B, Schedule of Nonparticipants: Complete this schedule for all members, other than Michigan residents, who did not participate on Schedule A. The income of C corporation members reported here is not the amount used to compute CIT liability and is for reconciliation purposes of this return only. Use additional copies of Schedule B as needed. Subtotal each schedule and include a grand total of columns 1 and 2b on the first page of the schedule. Carry the grand total of column 1 to Line 15.

Schedule C, Schedule of Michigan Resident Members: Complete this schedule for Michigan resident members only. A Michigan resident may not participate on Schedule A. Use additional copies of Schedule C as needed. Flow-through withholding (FTW) is not required for Michigan residents. Subtotal each schedule and include a grand total of columns 1 and 2b on the first page of the schedule. Carry the grand total of column 1 to Line 14.

Tiered Structures: In some cases, the payer on Schedule A, B, or C might not be the entity filing this return; if the filer is part of a tiered structure and the source FTE paid withholding directly on behalf of a participating nonresident individual or trust by looking through the filer, enter the source FTE's FEIN as the payer.

If an intermediate FTE participates on Schedule A, enter only the portion of the intermediate FTE's distributive share of Michigan income, distributive share of tax, and withholding that is attributable to ultimate members that are nonresident individuals or trusts. If any of the intermediate FTE's income is attributable to non-participants or to Michigan residents, the remaining portion of the intermediate FTE's income, and withholding must be entered on Schedule B or Schedule C, respectively.

Line-by-Line Instructions

Lines not listed are explained on the form.

Line 10: Enter the apportionment percentage from Form MI-1040H. Beginning January 1, 2012, the apportionment method changed from three factors (payroll, property, and sales) to a single factor of sales. See MI-1040H instructions on determining the apportionment percentage and for information regarding income tax nexus standards.

Line 13: The amount on this line should equal the total of lines 14, 15 and 16.

Complete Schedule A, Schedule of Participants and if applicable, Schedule B, Schedule of Nonparticipants and Schedule C, Schedule of Michigan Resident Members before continuing to line 14. See instructions preceding the line-by-line instructions on page 7.

Line 14: Carry the total from Column 1 of the *Schedule C, Schedule of Michigan Resident Members* to this line.

Line 15: Carry the total from Column 1 of the *Schedule B, Schedule of Nonparticipants* to this line.

Line 16: Carry the total from Column 1 of the *Schedule A, Schedule of Participants* to this line.

Line 21: Multiply line 20 by the tax rate given on line 21. The product should reconcile to the grand total of *Schedule A, Schedule of Participants* Column 2.

Line 23: Enter the total of FTW payments made on behalf of participating members from *Schedule A, Schedule of Participants* column 3b. Do not enter withholding that has been claimed on any other composite return or that has been refunded on Form 4918. **Note: Form 4918 must be filed to claim any Michigan withholding.**

Line 24: Pay. If line 22 plus line 23 is less than line 21, enter the balance of the tax due. This is the tax owed with the return. Enter any applicable penalties and interest in the spaces provided. Add tax, penalty and interest together and enter the total on this line. Make the check payable to "State of Michigan." Write the **filing company's FEIN**, "Composite Return," and the **tax year** on the front of the check. To ensure accurate processing of your return, send one check for each return type. If balance due is less than \$1, no payment is required.

Line 25: Refund. If line 22 plus line 23 exceeds line 21, your overpayment will be refunded. Treasury will not refund amounts less than \$1.

Pay, mail your completed return with payment to:

Michigan Department of Treasury
P.O. Box 30207
Lansing, MI 48909

Refund or zero return, mail your completed return to:

Michigan Department of Treasury
P.O. Box 30058
Lansing, MI 48909

Additions

Lines 26 through 30: Enter income from lines 2, 3c, 5, 6a, 7, 8, 9a, 10 and 11 of U.S. Form 1065 *Schedule K* and from lines 2, 3c, 4, 5a, 6, 7, 8a, 9 and 10 of U.S. Form 1120S *Schedule K*. Guaranteed payments, income attributable to other Michigan fiduciaries or FTEs should be allocated to Michigan on lines 37 through 40. See instructions below.

Line 31: Enter the amount of state and local income taxes that was used to determine ordinary income on U.S. Form 1065, line 22 or U.S. Form 1120S, line 21.

Line 32: Enter other additions to income, such as gross interest and dividends from obligations or securities of states and their political subdivisions other than Michigan.

Subtractions

Note: Charitable contributions and other amounts reported as itemized deductions on U.S. *Schedule A* are not allowable subtractions in determining Michigan taxable income.

Line 34: Enter income (loss) from other fiduciaries or other FTEs included in income. Losses must be added back. Attach a schedule showing the location of each company and amount of income attributable to each, itemized by items of ordinary, interest, dividend, rental income, etc.

Line 35: Enter amounts such as interest from U.S. obligations that are included in line 28a, and other deductions for AGI (above the line) that were not included in determining ordinary income. This includes section 179 depreciation and amounts included on line 12[c][2] of U.S. Form *1120S Schedule K* and on line 13[c][2] of U.S. Form *1065 Schedule K*. Also include pension benefits paid to nonresident partners that were included in ordinary income but are excluded from Michigan tax under *section 114 of Title 4 of the U.S. Code*. Also, include income and related expenses from Michigan oil and gas and mineral extraction subject to severance tax. Attach a schedule of all subtractions.

Michigan Allocated Income or Loss

Line 37: Enter the portion of guaranteed payments attributable to services performed in Michigan by the nonresident participants.

Line 38: Enter income or loss from other fiduciaries or other FTEs attributable to Michigan that have not been reported on another composite return. Attach a schedule showing the amount of income or loss attributable to each.

Line 39: Enter gains/losses from the sale of real or personal property located in Michigan not subject to apportionment.

Line 40: Enter any other income (loss) allocated to Michigan. Include any Michigan net operating loss deduction (NOLD). Attach schedules.

The NOLD may be taken only to the extent that it is attributable to the same participating members from the loss year, and in the same proportions of ownership.

Also include any Michigan standard deduction as a negative number. The standard deduction of \$20,000 against taxable income before personal exemptions is only available to a taxpayer who reaches the age of 67 during 2013 (see Pension and Retirement Benefits at www.michigan.gov/iit). A taxpayer eligible for the Michigan standard deduction may increase the \$20,000 deduction to \$35,000 if the taxpayer received retirement or pension benefits from employment with a governmental agency that was not covered by the federal social security act.

If the distributive share of Michigan income of a participant eligible for the standard deduction is less than the allowable standard deduction, the excess standard deduction cannot be used to offset other members' distributive share. Attach a schedule identifying each member taking a standard deduction. Include their date of birth and the amount of standard deduction taken.

Exemption Allowance

Michigan's personal exemption allowance is prorated for all nonresidents based on Michigan income to total income.

Line 43: Enter the entity's total income as determined using the worksheet on page 7.

Line 44: Compute the percentage of total income that is attributable to Michigan by dividing total Michigan income (line 42) by total income (line 43). This figure may not exceed 100 percent.

Line 45: Multiply the percent of Michigan income to total income as determined on line 44 by \$3,950. The result is the maximum exemption allowance a participant may be eligible for.

Line 47: For each member included on *Schedule A, Schedule of Participants* include the lesser of:

- The amount on line 45, or
- That member's Distributive Share of Michigan Income from *Schedule A, Schedule of Participants* Column 1.

Enter on line 47 the sum of the result above for all participants. The amount entered on line 47 may not exceed the product of lines 45 and 46.

SEP, SIMPLE or Qualified Plan Subtractions (PARTNERS ONLY)

Line 48: Figure the portions of Simplified Employee Pensions (SEP), Savings Incentive Match Plan for Employees (SIMPLE), or qualified plan deduction which are attributable to the participants. Attach a schedule showing calculations.

For More Information

For more information, visit Treasury's Web site at www.michigan.gov/taxes

Michigan tax forms are available at www.michigan.gov/treasuryforms